

National Physicians Cooperative of the Oncofertility Consortium[®]

Section 8. Typical Ovarian Tissue Cryopreservation Patient Flow

1. Patient facing surgery or treatment that is expected to impair fertility has consult to discuss fertility preservation options in her unique circumstances.
2. If ovarian tissue cryopreservation is considered the best option, discuss possible risks/benefits and use of tissue in the future:
 - Cortical tissue transplant for those who can carry a pregnancy
 - Risk of re-seeding cancer based on diagnosis. Ovarian tissue is leukocyte rich and transplant may be contraindicated in certain cancers such as leukemia and some forms of lymphoma.
In follicle maturation of oocytes (IFM) is under study within the Consortium and other institutions. Although there have been live births with rodents, the work continues in non-human primates and has not yet been attempted in humans. It is best considered for those with a long time horizon who can wait for the technology to catch up to them.
3. Sign informed consent (if required by your IRB) and schedule surgery.
4. Day of surgery
 - Obtain tissue
 - Draw infectious disease tests intraoperatively; (3 purple, one red)
 - Send infectious disease tests to Memorial Blood Center (MBC) on the day that they are drawn (two purple, one red) or to your in-house laboratory if approved for FDA-testing of Infectious Diseases
 - The extra purple top tube is for plasma archive
 - Transport tissue to lab for dissection and freezing
 - Freeze 100% of cortical tissue for patient use (or freeze 80% for patient use and 20% of tissue for research pool if applicable to your institution)
 - Store tissues in liquid nitrogen. If research tissue to be used fresh for in-house research, transport it as required by your institution/protocol
5. When infectious disease results are available from MBC or your lab, schedule transport of all tissue to ReproTech.